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	Application Number	09/691,817)
Ì	Filing Date	10-18-2000	
ı	First Named Inventor	Menno Kalmann	
-	Art Unit	3738	
·	Examiner Name	ISABELLA, DAVID J	
*********	Attorney Docket Number	092341-040013/US	

I hereby revoke all previous powers of attorney given in the above-identified application.			
A Power of Attorney is submitted herewith.			
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
ignature Can Mun-			
Aaron Grossman, Vice President & General Counsel of LeMaitre Vascular, Inc.			
Telephone (781) 221-2266			
OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one gnature is required, see below*.			
X *Total of l forms are submitted.			

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